

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____					
						APPLICANT(S) _____							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	1							51					
2		1						52					
3			1					53					
4				1				54					
5					1			55					
6						1		56					
7							1	57					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1	↓						TOTAL IND.					
TOTAL DEP.	2	←						TOTAL DEP.					
TOTAL CLAIMS	3							TOTAL CLAIMS					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													